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The Narcotic Problem Among Juveniles in Chicago, 1950-1953

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THE NARCOTIC PROBLEM AMONG JUVENILES IN CHICAGO, 1950-1953

by

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LIFE

Mary Elizabeth FitzSimmons was born in Chicago, Illinois, December 15th, 1911.

She was graduated from Visitation High School, Chicago, June, 1929 and from Loyola University, Chicago, June, 1940, with the degree of Bachelor of Philosophy.

From 1929 to 1934 the author was employed with Burton-Dixie Corporation, Chicago. From 1935 to 1942 she was employed as a legal investigator with the Corporation Counsel's Office, Chicago. The writer was one of eight women in the United States employed by the Army Chief of Ordnance, during the war years of 1942 to 1945, making production security inspections of High Explosive Plants throughout the United States. From 1945 to 1947, the author was employed as a caseworker with the Cook County Bureau of Public Welfare, leaving that agency in April, 1947 to become a Policewoman with the Chicago Police Department. She was transferred to the Juvenile Bureau of the Chicago Police Department in October, 1949, when it was reorganized and admitted women for the first time.

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CHAPTER I

INTRODUCTION

Many authorities have pointed out that the use of drugs is of ancient origin, so ancient that its beginning is lost in the obscurity of antiquity. As far back as we can discover, man has known about the poppy plant. Some authorities list Mesopotamia as the original home of the poppy, and its use known to the Egyptians and Persians at least a thousand years before the coming of Christ. Opium and its uses were well known at the beginning of the Christian Era. The Greeks and Romans used it in practicing medicine and it became widely used in Rome. We are told that in those days opium was taken by mouth and also used in a liniment preparation for relieving the pain of bruises and strains.

In the United States during the Eighteenth and Nineteenth Centuries, large quantities of medicine containing opium, or forms of it, were manufactured and had a wide distribution. Numerous patent medicines containing these drugs could be bought without a doctor's prescription.

Shortly before the Civil War, doctors learned the hypodermic method of injecting drugs through the skin with a needle and this new quick way of relieving pain was widely used by army

surgeons during the Civil War, which resulted in many soldiers starting to use narcotic drugs without cessation.

It was not too long, however, before many physicians began to realize that medicines containing opium were not safe for their experience showed that if these medicines were used excessively over long periods of time, they proved to be dangerous to people's health. It is unfortunate that not all physicians could agree on the addicting dangers of these drugs and they continued to be taken freely by many people.

At the beginning of the twentieth century, however, the public began to be warned about the use of opium and the drugs derived from it. Newspapers and magazines helped in a campaign to tell the people about the dangers of addiction which could result from their continued use. These series of articles, the influence of the Food, Drug and Cosmetic Act, as well as the warning about these drugs included in the new medical and pharmaceutical textbooks, alerted the public and physicians alike about the danger of the use of opium and its derivatives, and the need for the use of these narcotics to be controlled. These combined forces finally led to the final passing of the Harrison Narcotic Act of 1914 and its later amendments regulating the importation, manufacture, production, compounding, sale, dispensing or giving away of opium, or coca leaves containing cocaine, their salts, derivatives, or preparations. Under this law doctors could only use these drugs in the treatment of their patients and were not

allowed to prescribe or give them to people for their addiction. The passing of this law left thousands of persons who were addicted to drugs and were unable to stop of their own free will. People who were addicted to the use of these drugs were forced either to get their supply illegally or to get medical drugs by trickery from a physician or druggist. It was at this time that the criminal underworld set up a system of smuggling and illegal traffic in narcotic drugs that still continues today, despite the numerous attempts on the part of the Federal Government to wipe it out.

After the Harrison Narcotic Act became law in 1914, drug addiction dropped steadily. Even sharper declines in addiction were noted during World War I and World War II, because all shipping and commerce were cut off with the countries that grow the opium poppy. After each of these wars, addiction went up again, although not above the pre-war levels. In 1948, however, addiction showed a huge spurt in the large cities in the United States, particularly among young people, a condition that had not existed before that time inasmuch as addiction had always enveloped a much older group.

Again, as they had earlier in the century, the combined forces of the press and numerous magazines were used to inform the public of this new plague among the youth of America. In the discussion of the youthful narcotic violator in these articles, however, the terms <u>juveniles</u> and <u>teenagers</u> were regarded as

synonymous and were often used interchangeably. While it is true that the Federal Government, as well as the statutes of four of the states do regard the juvenile as anyone under the age of twenty-one, the majority of states, including Illinois (for girls only) set the limit for Juvenile Court jurisdiction at eighteen years of age. This misinterpretation of the age limit of the juvenile in Illinois has been the cause of numerous references by some writers to the apprehension of many thousands of juvenile narcotic violators in Chicago; in reality, these numerous apprehensions were for males between seventeen and twenty-one and females between eighteen and twenty-one - - and these are not juveniles in the eyes of the law.

Inasmuch as the juvenile narcotic violators arrested in Illinois are considered incorrigible, their treatment and disposition is authorized under the Illinois Juvenile Court Law found in Chapter 23, Section 190 of the Illinois Revised Statutes, which defines the word <u>delinquent</u> child as any "male child under the age of seventeen years or any female child while under the age of eighteen years violates any law of this state; or is incorrigible, or knowingly associates with thieves, vicious or immoral persons . . ." The use of the word <u>juvenile</u> then, throughout this thesis will refer to males who are under seventeen years of age and females who are under eighteen years of age.

Since there has been very little written about this new phase of the narcotic problem, it is hoped that the preparation of

this thesis will provide some clarification of the extent of the use of narcotics by juveniles in Chicago and will substantiate the stand taken by Chicago law enforcement officials that the serious narcotic problem, in Chicago at least, is not with the juvenile, and will focus the need for additional programs for prevention and rehabilitation to the older teenager and young adult, where it rightfully belongs.

In an effort to learn of the extent of the use of narcotics by juveniles in Chicago, the writer has made a study of all the juvenile narcotic violators known to the Chicago Police Department during the years 1950, 1951, 1952 and 1953. This study revealed that there was a total of 272 juvenile narcotic violators during this period, i.e., 105 cases during 1950, 88 cases during 1951, 42 cases during 1952 and 37 cases during 1953. It was readily apparent at the beginning of this study (January, 1954) that many of these violators were now overage and their juvenile records no longer available. However, through the cooperation of the personnel of both the Juvenile Bureau of the Chicago Police Department and the Family Court of Cook County, the writer was able to locate 95 case records for 1950, 87 case records for 1951 and all the case records for 1952 and 1953. This study, then, is actually based on the total number of these cases, or 261 juvenile narcotic violators, unless otherwise indicated.

While the Juvenile Bureau of the Chicago Police Department was handling these 272 violators, one other law enforcement

agency also handled juvenile narcotic violators. Captain William Szarat, the Director of the Youth Bureau of the Chicago Park District advised the writer that his Bureau had handled ten violators in 1950, thirteen violators in 1951, three violators in 1952 and one violator in 1953, or a total of twenty-seven juvenile narcotic violators. These figures are included in the Annual Reports of the Youth Bureau, Chicago Park District, for the years 1950-1953, and are not duplicated in the figures of the cases handled by the Juvenile Bureau of the Chicago Police Department. No assumption is being made here that the total cases handled by these two law enforcement agencies, or 299 cases, represents the total picture of narcotic use among the juveniles in Chicago. It must be kept in mind that narcotic addiction per se is not a criminal offense and the addict must either be apprehended in a criminal act or volunteer for treatment. While this technicality in the law might prevent many known adult addicts from being arrested, an effort has been made by the Juvenile Officers of both the Chicago Police Department and the Chicago Park District to at least question juveniles whom they even suspect of having used narcotics, or who have been identified as users or sellers by others in custody, so that the juvenile's rehabilitation might not be delayed. Since the addict is a sick person and needs treatment just as much as a person who has cancer or tuberculosis, as well as the fact that he secures new users among his friends to defray the ever mounting cost of his own supply of the

narcotics, it usually isn't long before his actions or those of his friends become questionable and called to the attention of some responsible authority, who in turn contacts either of the two Police Departments in Chicago. For that reason, it is believed that the study of the juvenile narcotic violators made by the writer will give some indication of the scope of the use of narcotics among juveniles in Chicago.

CHAPTER II

DEFINITION OF TERMS

To avoid the confusion that exists among writers about the word juvenile, perhaps it would be in order to define a few more terms so that the writer's use of them throughout this thesis would be completely understood. The first of these terms has to do with the word narcotic. The generally accepted definition for a narcotic is that it is a drug that relieves pain, produces torpor or sleep, and in large doses, causes coma and even death. The medical man recogaizes narcotic drugs as among the most useful weapons against suffering. Wisely administered, these drugs bring merciful sleep to sick and troubled people who desperately need rest. Properly used for medically prescribed purposes, the narcotic drugs are a great boon to mankind. It is in their misuse that narcotics are transformed from boon to bane. They come under the special attention of public health and law enforcement authorities when such misuse and abuse leads to addiction.

Narcotics may be divided into two main groups, stimulants and depressants. The stimulants tend to excite the nervous system and keep the user awake. Depressants produce drowsiness

and sleep.

Most dangerous among the stimulants is cocaine, the drug obtained from coca leaves, and when processed appears as a fine white crystalline powder, which is called C, snow, chalk, and girl by the addicts. Cocaine is still used medically as a local anesthetic. Addicts either sniff it through the nose or inject it into the veins with a hypodermic needle. The drug causes some unstable or poorly adjusted people to have a feeling of pleasure and exhilaration. Fatigue disappears and the user feels strong and superior. This ecstasy lasts only a short time, and is followed by depression and nervous apprehension, which is relieved only by taking another shot. Cocaine is a dangerous drug and a person may develop such a strong desire for it that he is unable to stop using it. The drug, however, does not cause physical dependence or withdrawal illness.

Chief among the depressant drugs are opium and its derivatives, the most important of which are morphine, heroin, and codeine. Opium is a dark brown or black sticky gum which is obtained from the dried milky juice of the unripe seed pod of the opium poppy, a plant grown mainly in India, China, Turkey, Iran and Yugoslavia. It is usually smoked in a special pipe by addicts but it is sometimes eaten. Opium and its derivatives are used medically to relieve pain and to produce sleep. Addicts use it to produce a dreamy, pleasant stupor. American addicts seldom use opium itself, but there is a good-sized illicit traffic in

its main derivatives, morphine and heroin. Both are white powders, sold illicitly by peddlers mainly in capsules or flat packets, referred to as caps and decks. On the illegal market in 1954, a deck costs from $3.00 to $6.00 and a cap, from $1.00 to $2.00. Addicts and illegal peddlers call morphine M or some word beginning with M, and heroin H or some word beginning with the letter H or girl. Both morphine and heroin are powerfully addicting drugs. Heroin is considered even worse than morphine since it is four times as potent, although at one time it was substituted for morphine in the belief that it was non-addicting. The manufacture and sale of heroin in the United States, however, was prohibited by an amendment adopted by Congress in 1924 to the Miller-Jones Act, passed in 1922, which established a system of import and export permits and restricted the import of raw material to medical needs. Heroin is considered an outlaw drug, a contraband drug, a bootleg drug, which means that it cannot be imported legally into this country, nor can it be manufactured, sold or possessed legally in the United States. While it is legitimately manufactured for medical use in several countries including Italy, Turkey and China, there is no medicinal use for heroin in the United States. The fact remains, however, that heroin is the most widely used drug among American addicts today. Some addicts even combine heroin and cocaine, which combination is known as a speedball, and since these drugs have mutually exclussive reactions, the addicts claim the combination produces a

different and greater sensation.

The ancient origin of drugs includes marijuana, which is made from the leaves of a hemp plant known as Cannabia Sativa. It is smoked in the form of cigarettes known as reefers, sticks, weeds, Mary Warner's, and other names. It cannot be confused with ordinary tobacco, being greenish rather than brown and ordinarily contains plant tops and bits of small stems. The cigarettes are usually rolled in brown-wheat paper, usually in a double thickness of paper to prevent the sharp edges of the plant from cutting the paper. The ends of the cigarette are tucked in to prevent loss of the marijuana when it is being carried. It has a peculiar odor, similar to that of dried alfalfa, and when being smoked, the material burns brighter than an ordinary cigarette, a difference that is easily discernible to an observer at night.

Since early times, the peoples of Europe have known and made use of hemp. The oldest document relating to hemp which we now possess is a Chinest treatise, the Rh-ya, of the Fifteenth Century, B.C.[1] It describes the plant and states that there are two varieties, one producing seed and the other only flowers. The use of this plant is relatively new in the United States. Although this hemp plant was known to grow in Kentucky as early as 1776, the first smoking of it is believed to have been in New

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1 Victor H. Vogel, M.D., Facts About Narcotics, Science Research Associates, Inc., Chicago, 1951.

Orleans where it was imported from Mexico in the early 1900's.

Marijuana, a stimulant, has been described as having much the same effect as an alcoholic binge, usually causing the user to act silly, giggle, and to feel clever when he or she is really behaving ridiculously. The growth and sale of marijuana without license is forbidden by Federal law and by that of many states. It does grow wild in the United States and has been cultivated illegally. Most of the marijuana sold in the illicit market, however, is obtained from Mexico, which produces a much better grade. Its use has spread rapidly in recent years in the entertainment field and in certain under-privileged sections of metropolitan areas, mainly because it is relatively cheap. A reefer can be bought from street peddlers for fifty cents to a dollar apiece, while a shot of heroin might cost from one dollar to two dollars apiece.

Much damage was done a few years ago by a widely publicized statement of medical authorities minimizing the menace of marijuana. These statements were contained in a report prepared in New York by a group of scientists working under the direction of the mayor and became known as the LaGuardia Report. The report drew the conclusion that the use of marijuana does not lead to physical, mental or moral degeneration. The testimony of Harry J. Anslinger, Commissioner, Bureau of Narcotics, United States Treasury Department while testifying before the Special Committee to Investigate Organized Crime in Interstate Commerce

on Wednesday, June 27th, 1951, in the United States Senate, indicated that an editorial from the Journal of the American Medical Association in 1945 condemned this LaGuardia Report. He reported that the American Medical Association and all reputable scientific studies indicate that marijuana is very dangerous. That report indicating that marijuana is not dangerous was placed in many city libraries and it becomes potentially dangerous to the community. While the statements in the report were completely true from the strictly medical viewpoint when marijuana was described as similar in effect and potency to alcohol and not an addicting drug in that it builds up no physiological dependency or withdrawal symptoms when a user stops smoking, it is almost an unanimous agreement among scientists and law enforcement agencies that the statements were inadequate, and marijuana should be considered a dangerous intoxicating drug on other scores, most particularly because many marijuana users graduate to heroin in order to get a bigger kick or bang, and it is the most widely used drug among young people, including juveniles. The writer's study has revealed that the invariable progression among youthful addicts was with the first step along the road to addiction being taken with the marijuana cigarettes followed by the sniffing or snorting and then the mainlining of heroin, which is the injection of heroin directly into the veins. James R. Dumpson, of the New York Council is quoted in the February, 1952, issue of Platform as believing the steps to addiction for teen-agers are "from

sneaky pete to pot to horse to banging." Translated this expression means that the young persons start with cheap wine, graduate to marijuana, then to snorting heroin and finally to injecting heroin directly into the veins, although this progression is not inevitable.

The use of narcotics among the juvenile violators studied was limited to marijuana, heroin or cocaine. In view of such limitation, technical aspects of narcotics in this thesis will deal only with these three, although the writer fully recognizes that the use and abuse of barbiturates, bromides and benzedrine-type drugs have also been on a steadily increasing plane for many years.

There have been many definitions of the drug addict but one that is used frequently is that of A. R. Lindesmith, who in his The Nature of Opiate Addiction defined an addict as "Any person, regardless of the traits of his personality, who uses narcotic drugs casually until he suffers distress when the drugs are withdrawn and who becomes aware of the relation between this distress and the withdrawal of the drugs is a drug addict."[2] Mr. Lindesmith further advises us that normal persons, as well as psychopathic persons, behave in uniform ways in this respect.

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2 A. R. Lindesmith, The Nature of Drug Addiction, MSS in University of Chicago Library, quoted by Edwin H. Sutherland, Principles of Criminology, Fourth Edition, Chicago, 1947, Pages 115-117.

Narcotic addiction has been defined in several ways. In the past, the most widely used definition of addiction has been that formulated by pharmacologists which states that addiction is a condition brought about by the repeated administration of a drug so that its use becomes necessary and the cessation of it causes mental and physical disturbances. They have told us that the symptoms which appear following the withdrawal of morphine or heroin indicate the development of a state called dependence on the drug, and that this dependence may be emotional or physical or both. It was later found, however, that this explanation, while satisfactory to pharmacologists who deal only with the effects of the drugs, it was not acceptable to physicians, nurses, law enforcement groups and social workers, who have to handle persons who are addicted. It is not denied by these groups that dependence is important in discussing addiction but it is important chiefly because it tends to make the addiction continuous rather than periodic, and so increases the amount of harm which the addiction produces. It was repeatedly stressed that loss of self-control with reference to the use of the drug, and harm to the individual or to society were the essential features of drug addiction. Proponents of this belief argued that no physical dependence is developed during chronic intoxication with cocaine, but in spite of this, intoxication with cocaine is far more undesirable and dangerous than is chronic intoxication with morphine. Cocaine, both legally and in common

use, is regarded as an addicting drug. To exclude it from this class would result in confusion. Another example of a drug which would be excluded under this definition would be marijuana, which also is listed legally as an addicting drug.

The Drug Addiction Committee of the National Research Council in 1951 considered the definition of drug addiction and finally arrived at a formulation which represents an attempt at compromise between the proponents of the definition based on dependence and the proponents of the definition based on harm to the individual or to society in general. Their definition which is the one most widely acceptable today is that "Addiction is a state of periodic or chronic intoxication, detrimental to the individual and to society, produced by the repeated administration of a drug. Its characteristics include (1) an overpowering desire or need (compulsion) to continue taking the drug, (2) a tendency to increase the dose and (3) the development of psychic and sometimes, physical dependence on the drug's effects. Finally, the development of means to continue the administration of the drug becomes an important motive in the addict's existence."[3] The word periodic in this definition was an afterthought when it was realized that cocaine and marijuana are generally used as spree drugs by North American addicts and are not taken

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3 WHO Technical Report Serial Number 21, 1950 "6.1 Definition of Drug Addiction".

continuously.

The use of the words narcotic, narcotic addict and narcotic addiction throughout this thesis will conform to the foregoing definitions of these words.

CHAPTER III

CAUSE, EFFECT AND TREATMENT NECESSARY FOR DRUG ADDICTION

Drug addiction is not, in itself, a crime, or, phrasing it another way that might be less objectionable to the proponents who believe it should be so classed, drug addiction, per se, is not a violation of any existing city, state or Federal law. While it is not a crime to use drugs, it is a crime to have the illicit drugs in one's possession or to sell them or give them away.

It is ironic that narcotic drugs are essential to mankind. They give miraculous relief from suffering and bring sleep to those in pain. When narcotics are in the news, however, they appear in shocking stories of drug addicts, disease, degradation and crime.

In view of the seriousness of drug addiction as outlined in Chapter 2 of this thesis, it is readily understandable that the question is so frequently voiced: "Why do people, and particularly young people, start using the drug in the first place and thereby voluntarily condemn themselves to a life of living hell unless they voluntarily accept treatment to be cured?" It is regrettable that it wouldn't be possible to list in

statistical form what causes the 261 young people, whose cases were reviewed for this thesis, to start using drugs. The medical authorities warn us that we cannot treat drug addiction as a limited, compartmentalized problem, but that in its many facets, it includes half a dozen fields and in each of them presents us with unsolved difficulties. It is not certain what complex or deep-seated personal insecurities, frustrations or unfortunate social conditions leads to drug addiction.

Psychiatrists believe that the most important factor which predisposes to addiction is a personality defect. In other words, drug addiction is not a separate disease but usually represents a symptom of a number of psychiatric disorders. The writings of Kolb[4], Felix[5], Pescor[6] and others reflect this point of view. Their studies have revealed that the majority of individuals who become addicted to any drug are usually suffering from various types of psycho-neuroses or character disorders, which identify the persons involved as constitutional psychopaths. They stress that under modern conditions, individuals with normal personalities practically never become addicted but emphasize that

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4 L. Kolb, "Pleasure and Deterioriation from Narcotic Addiction", Mental Hygiene, 1925, VIII, 699-724.

5 R. H. Felix, "An Appraisal of the Personality Types of the Addict", American Journal of Psychiatry, 1944, 100, 462-467.

6 M. J. Pescor, "Prognosis in Drug Addiction", American Journal of Psychiatry, 1941, 97, 1419-1431.

persons considered to be psychiatrically normal may become addicts.

A. R. Lindesmith[7] challenges the concept that addiction is based on a personality defect, arguing that proponents of this theory have not (1) made use of control groups, (2) the psychiatric disorders which are supposed to underlie drug addiction are not well defined, and (3) there is no real proof that addicts were psychiatrically abnormal prior to addiction since psychiatric examination are usually carried out after an individual has been addicted. Lindesmith overlooks the fact in his criticism, however, that these writers are not of the belief that personality difficulties are the actual cause of addiction but merely that such psychiatric disorders predispose to addiction. Lindesmith minimizes the pleasurable effects of the addicting drugs and leaves his reader with the impression that drug addiction has no cause. While criticizing the above proponents, he does not offer any satisfactory alternative hypothesis.

Dr. Harris Isbell[8] admits there may be some justice in Lindesmith's objections but states it would be almost impossible

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7 A. R. Lindesmith, Opiate Addiction, Bloomington, Indiana, 1947.

8 Harris Isbell, M.D. and H. F. Fraser, M.D., "Addiction to Analgesics and Barbiturates", The Journal of Pharmacology and Experimental Therapeutics, Part II, Volume 99, Number 4, August, 1950.

to find a satisfactory group of controls since such a group would have to be matched with addicts with respect to age, sex, race, religion, economic circumstances, culture, degree of drug exposure and degree of internal controls of behavior. He expresses the opinion that he has yet to see an addict who could not easily be shown to have been psychiatrically abnormal prior to addiction provided an adequate psychiatric examination had been made. One would have to take cognizance of Dr. Isbell's opinion because of his vast experience over a period of years as Director of Research in Narcotics, United States Public Health Service Hospital, Lexington, Kentucky, one of two such hospitals in the United States.

Dr. Isbell stresses that an individual who has personality traits which predispose to addiction will not become addicted unless he is in some way introduced to an addicting drug, and the drug must, moreover, produce effects which the addicts regard, or can learn to regard, as pleasurable.

Kolb[9] believes that the unusual mental reactions produced by these drugs which are not taken for a specific medical need, are in the main pleasurable, for by increasing physical and mental perception, a stimulating drug brings the addict into more intimate contact with the environment and gives him an increased

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9 Kolb, "Pleasure and Deterioriation from Narcotic Addiction", Mental Hygiene, VIII, 699-724.

sense of power and, by decreasing physical perception and the acuity of certain mental processes, the depressing drugs enable the addict to escape from innate difficulties and disagreeable features of situation of the environment. He stresses, though, that the power to stimulate is not alone sufficient to make a drug attractive to addicts for there must be some distortion of function or sensation.

Dr. Isbell[10] further advises that in addition to the pleasurable effects of the drugs, the manner in which the potential addict makes contact with the drug is of great importance. He believes as do many others in this field, that contact with the drug as a result of deliberate experimentation to experience the pleasurable effects is a far more potent cause of addiction than is contact as a result of administration for legitimate medical purposes. These writers point out that since both the drug and the method of contact are important in determining whether or not addiction occurs, it is not surprising that the majority of individuals with personality traits similar to those of addicts do not become addicted but simply means that such individuals have not made contact with the drugs under proper circumstances. They also advise us that one of the most striking characteristics of addiction is the tendency to relapse, for relapse is due to the

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10 Isbell, "Addiction to Analgesics and Barbiturates", The Journal of Pharmacology and Experimental Therapeutics, Part II, Volume 99.

same personality factors which predispose an individual to addiction. The personality factors are strongly reinforced by the conditioning of the addict to use the drug as the answer to all of life's stresses.

From the above discussion it appears that the current consensus of opinion among medical authorities as to the cause of non-medical drug addiction is that it occurs in an individual who has personality traits which predispose to addiction, who comes in contact with an addicting drug as a result of deliberate experimentation to experience the pleasurable effects.

The records of the juvenile narcotic violators reviewed for this thesis brought out that the stories told by them as to how they started to use narcotics were remarkably alike. It was regrettable that because of the lack of consistent information, statistics could not be compiled on this phase of the study. Where this information was furnished it followed the general pattern that the violator, in his eagerness to be recognized as a regular or one of the gang, was induced to just try a marijuana by someone else in his crowd, or by a close girl or boy friend who already smoked them. The basic desire for group identification appeared to be the motivating force and not for escape as is indicated in the history of older addicts.

It is agreed by most authorities that while drug addiction should be treated as a disease after the state of addiction has been produced, non-medical addiction starts solely as a vice,

since the potential user has the free choice to use it or not to use it. His willingness to start is usually the culmination of his curiosity from being around others who are using it and his fear of being called chicken if he wouldn't at least try. Although the youthful user has heard about marijuana before he tried it, he has been told by the gang that it would make him feel high. His knowledge of the effect of smoking marijuana has been limited to what his friends have told him. He has not learned through authoritative sources the danger of marijuana, not only as a stepping stone to the use of more potent drugs, but also because of its action on the individual smoker. Medical authorities tell us that smoking marijuana stimulates sexual impulses and perceptions with an accompanying release from all inhibitions. They warn us that it may excite violent emotions and decrease the ability to control the consequent actions, and frequently precipitates violent, irrational, and dangerous behavior to the level of temporary insanity. Marijuana has been termed by law enforcement officials the tonic of the underworld because it promotes a lack of fear and a contempt for law and order. This emotional release accompanied by a definite loss of moral sense constitute its greatest danger to the adolescent. The marijuana smoker soon finds it necessary to smoke more and more of the reefers to obtain the desired effect because of the tolerance built up in the system. Again, at the suggestion of friends already using heroin, the young person starts the use of that drug, believing he will

use it only once in a while for harmless fun.

The knowledge of others who had become addicts does not appear to deter the young person who believes himself to be too smart to be hooked, or become addicted. He usually starts by sniffing or snorting the heroin through the nostrils to get that "dreamy, out of this world, nothing to worry about feeling" he has heard his friends talk about. Again, he has not learned that the danger of addiction to heroin is greater than to other drugs because the body's tolerance to the drug builds up rapidly.

"Just experimenting" with the heroin through snorting very quickly builds up an inflammation of that area, and the user is soon forced to inject it, first into the fleshy parts of the arm or body and later, the rapidly mounting necessity to increase the effect soon requires injection directly into the veins. At this point the addict is referred to as a mainliner.

Clinical studies at the United States Public Health Hospital at Lexington have revealed that because heroin is a cerebral and spinal depressant, a drowsiness follows this injection. While under the effects of heroin, the addict is not particularly dangerous, usually being in the lethargic and tranquil state ordinarily associated with the word dopey. However, the mental and moral sense, as well as the physical being, of a drug addict becomes affected. A state of mental depression occurs which can be relieved for a time only by increasing the doses of the narcotic. If drugs are withdrawn for a period of time, withdrawal symptoms

become apparent which usually start from twelve to eighteen hours after the last dose. The individual exhibits tremors, uncontrolled twitching of muscles, diarrhea, severe cramps in legs, back and abdomen, vomiting and the loss of from five to ten pounds in a few days, while the general sickness lasts from a week to ten days. As the testimony of a seventeen-year old addict before the Senate Crime Investigating Committee in Washington on June 27th, 1951, described going without a fix or shot or heroin too long: "Your eyes and your nose water, your muscles and nerves jerk and twitch and those pains hit you all over so bad it's worse'n dying and from that minute on every move you make is just to keep busy, digging up your next fix."

The history of narcotics is consistent in its warning that the narcotic addict, if deprived of this regular and necessary supply, will commit any act of violence necessary to procure the price of an injection. The daily dosage which quickly mounts to four or more capsules a day costs approximately $1.50 each in the Chicagoland area. At the beginning of their addiction, the youthful addicts invent elaborate stories to obtain the needed money from parents, friends, and relatives. They soon progress to stealing objects from home to pawn or sell for the needed fix money. The addict leaves school to find work but the cost of his addiction is usually well beyond his earning power, and he is generally unable to hold a position for any length of time. Generally, in the company of another addict, he resorts to

shoplifting, purse snatching, stealing packages from delivery trucks, burglary and even strong arm robberies. A few become pushers for the drug peddlers. Girls turn to shoplifting and prostitution. Eventually, the addicts lost interest in everything but drugs. They become lethargic, have no ambition and are among the most unproductive, useless members of society. Most of them are unable to hold jobs for any length of time, and in addition, they waste the resources of others. They run through the money or possessions of their families and friends.

While the physical damage that drug addiction causes is serious, other effects of drug addiction are equally harmful, preventing an addict from leading a normal happy life. Because addicts have lost the power of self control regarding drugs, they are unable to cure themselves. Inasmuch as the drugs they are seeking are illicit, they are forced to turn to the criminal population for their supply, and to crime to support their addiction.

It can be clearly seen then, why the abuse of narcotic drugs is more than a personal problem that involves addicts and becomes the concern of every social agency - - whether it be the medical, educational or law enforcement group - - for anything that causes members of society harm, that makes them unproductive and parasitic, weakens society as a whole.

A discussion of the cause and effect of drug addiction would have to include the discussion of treatment for drug addiction since it is important that the drug addict not be permitted

to continue in his addiction. The medical profession advises us that the addict is a sick person who needs treatment as much as a person who has cancer or tuberculosis. Experience has taught us that he infects others with his habit, for he introduces others to drugs, making new addicts and spreading the disease of addiction.

The treatment of drug addiction is divided into two phases, withdrawal and rehabilitation. An addict can't be treated in a doctor's office or a clinic; for, having no control over his desire for drugs, no matter how sincere he is in wanting to stay away from the drugs, at the first sigh of withdrawal illness, he will resort to any means to procure them. The medical profession advises us that treatment must be in an institution where the addict can be kept in and the drug kept out. Research shows that an addict's body does not get back to normal operation for as long as six months after the last dose, and that hospital treatment should be given for at least that long. While withdrawal takes a matter of days or weeks, it is only the first part of the treatment. The real recovery or <u>cure</u> takes place when the patient is rehabilitated, when his attitudes are changed, for unless this is done, the cure is not likely to be permanent. Because the staff of general hospitals are not trained to keep out smuggled narcotics, addicts should be cared for in hospitals that are designed to handle their special problems. Unfortunately, for addicts at least, there are only two such hospitals in the United

States, the U. S. Public Health Service Hospitals at Lexington, Kentucky and Fort Worth, Texas.

Because addiction is not in itself a criminal offense, the addict must either be apprehended in a criminal act or volunteer for treatment. Many parents, reluctant to place the stigma of addict upon their child, or through false pride, conspire to hide the fact of addiction until it is too late for comparatively simple treatment. Treatment at Lexington must be on a voluntary basis inasmuch as the jurisdiction of the Chicago courts do not permit sentencing from Chicago to Lexington.

CHAPTER IV

AN ANALYSIS OF THE CASES OF JUVENILE NARCOTIC VIOLATORS HANDLED BY THE CHICAGO POLICE DEPARTMENT FROM 1950 THROUGH 1953

An analysis of the case records of the 272 juveniles arrested for narcotic violations by the Chicago Police Department during the years 1950 through 1953 revealed a distribution according to age, sex and race as indicated in the following tables:

TABLE I

ARRESTS OF MALE JUVENILE NARCOTIC VIOLATORS ACCORDING TO AGE AND RACE, CHICAGO, 1950-1953 (204 CASES)

	Colored				White				
Age	'50	'51	'52	'53	'50	'51	'52	'53	Total
12									
13	2								2
14	7	2	1		1	2			13
15	13	9	4	3	1	3	5	3	41
16	47	49	12	8	3	6	11	12	148
17	No Longer Juveniles				No Longer Juveniles				
Total	69	60	17	11	5	11	16	15	204

TABLE II

ARRESTS OF FEMALE JUVENILE NARCOTIC VIOLATORS ACCORDING TO AGE AND RACE, CHICAGO, 1950-1953 (68 CASES)

	Colored				White				
Age	'50	'51	'52	'53	'50	'51	'52	'53	Total
12	1								1
13									
14	1	2	2			1			6
15	9	1				2	1	1	14
16	4	7	3	3		2	1	2	22
17	16	2	2	4				1	25
Total	31	12	7	7		5	2	4	68

The use of the word colored in Tables I and II and elsewhere throughout this thesis is the standard classification used by the Chicago Police Department in their statistical reports and is limited to the Negro race.

A total of the columns in Tables I and II reveals that 78.6 per cent of the juvenile narcotic violators were colored, 57.7 per cent of them males and 20.9 per cent females. A further study of these figures reveals that 21.3 per cent were white, with 17.3 per cent males and 4 per cent females. The juvenile narcotic violators, then, are concentrated among the males since 75 per cent of the above group are males. A more graphic demonstration of this distribution is indicated in Figure 1 which

follows:

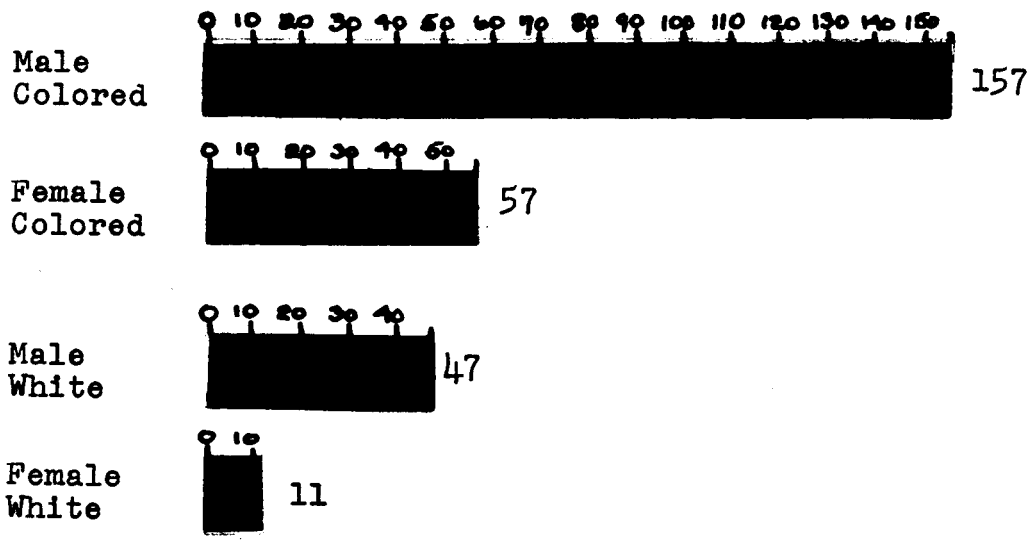

FIGURE 1

ARREST OF JUVENILE NARCOTIC VIOLATORS ACCORDING TO SEX AND RACE, CHICAGO, 1950-1953 (272 CASES)

An analysis of the school record of the 261 case records were studied as to school attendance of the violator, at least as represented at the time of the arrest. One hundred and twenty-five of these juveniles indicated to the officers who apprehended them that they were not attending any school when arrested, which represents 47.5 per cent of the 261 cases studied. To understand why some of these juveniles weren't in school, one must keep in mind the provisions of the State Law for the education of the youth in Illinois. Section 26-1 of Chapter 122 of the Illinois Revised Statutes provides that:

Whosoever has custody or control of any child between the ages of seven and sixteen years shall cause such child to attend some public school in the district wherein the child resides the entire time it is in session provided that the following children shall not be required to attend the public schools:

1. Any child attending a private or a parochial school where children are taught the branches of education taught to children of corresponding age and grade in public schools and where the instruction of the child in the branches of education is in the English language.
2. Any child who is physically or mentally unable to attend school, such disability being certified to county or district truant officer by a competent physician; or who is excused for temporary absence for cause by the principal or teacher of the school which the child attends.
3. Any child over 14 years of age necessarily and lawfully employed may be excused from attendance at school by the county superintendent of schools or the superintendent of the public school which child should be attending on certification of the facts by and the recommendation of the school board of the public school district in which the child resides. In districts having part time continuation schools, children so excused shall attend such schools at least eight hours each week.

It will be observed in Figure 2 on page 35 that 74 of the violators were under sixteen years of age at the time of their arrest. Only eleven of these 74 were not attending school and were distributed as follows: two (females) had just been married; two had just graduated from the eighth grade and their arrest had ocurred before registration in a secondary school; two had been to the United States Public Health Hospital at Lexington, Ky. for a narcotic cure and had not registered for school on their return; one case, a girl, was a runaway from another city and two cases were listed as chronic truants. Only one of these cases, that of a fourteen-year-old, involved suspension from school for truancy and his case was active in Juvenile Court records. Only 8.8 per

cent then of the 125 not attending school were under the age of sixteen and in only one case, that of the suspended fourteen-year-old, was there any corrective action contemplated for non-attendance at school.

Seventy-one of the 125 cases of non-attendance at school did not indicate previous schooling, but of the fifty-four who did, 14 indicated they had been in some social adjustment school before quitting school completely; 31 indicated attendance in a secondary school, two of whom had just graduated from a four year course. The balance, or nine cases, indicated they were in attendance in a grade school when they quit.

Of the 136 or 52.1 per cent who indicated they were attending school at the time of their arrest, 69 indicated attendance in a secondary school on a full time basis; 28 were in attendance at a continuation school; 14 were attending some social adjustment school; one juvenile indicated attendance in the first year of a college while the balance, 24, indicated attendance at a neighborhood grade school. One point brought out by this phase of the analysis was that of the 28 who were in attendance at a continuation school, only two were listed as being employed, stressing the lack of planned activity which permitted the juvenile to be more available for delinquent acts. Thirty-seven of the 261 cases indicated employment, only three of whom were also in attendance in some school.

In Figure 2 which follows, it must be kept in mind that

the group between seventeen and eighteen years of age are females only, accounting in part for the decided drop in the concentration.

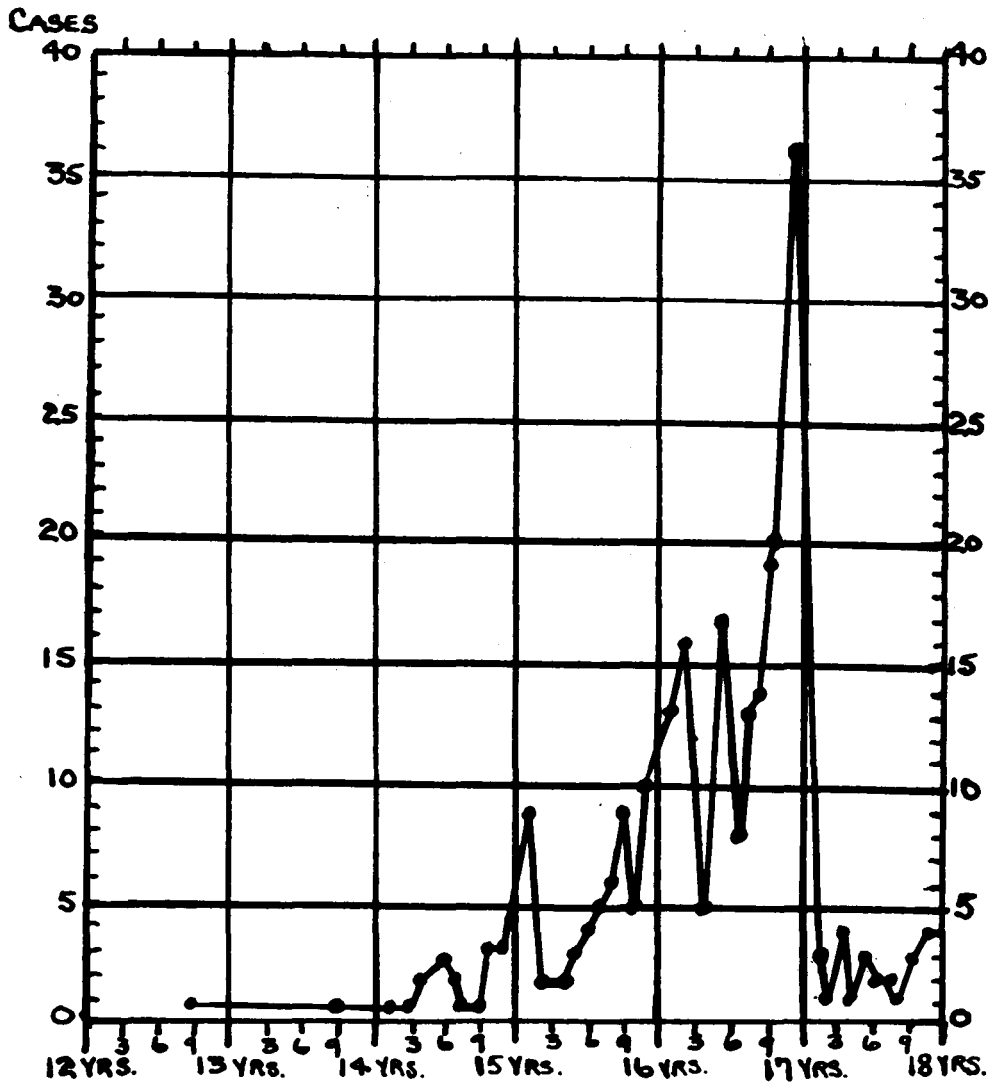

FIGURE 2

AGE DISTRIBUTION OF JUVENILE NARCOTIC VIOLATORS ARRESTED, CHICAGO, 1950-1953 (261 CASES)

Since lack of proper parental supervision is a contributing cause for juvenile narcotic violations, just as it is for the total picture of juvenile delinquency, the 261 cases studied were analyzed as to the presence in the home of the parents of these violators. It is not meant that the physical presence of parents in a home of a child constitutes proper parental supervision. On the other hand, if parents could be established as being in the home of these juveniles, it could show their supervision was inadequate in preventing their children from becoming violators. In only 108 of the 261 cases, or 41.4 per cent, were both parents listed as living in the home with the violator. In 27 cases, or 10.3 per cent of the total, both parents were living out of the home with the child listed as living with relatives or friends. While it is believed that the mother plays a very important role in the life of the child, it was apparent that these offenders of whom 75 per cent are boys, had need for the direction of a firmer hand for the mother of the narcotic violator is indicated as living with the juvenile in 228 cases or in 87.3 per cent of the total.

In 93 of the total 261 cases studied, the present whereabouts of the father is unknown. In another 48 cases, the listing indicates the father is deceased. These two groups indicate that 54 per cent of the juvenile narcotic violators were deprived of a normal home life with the absent father offering neither moral or material support to his family, either because of

death or desertion.

When the postwar drive against the use of narcotics was first launched in Chicago in 1949, the law enforcement agencies met a certain complacent feeling on the part of some citizens who were not living in or near the areas that had experienced considerable narcotic violations at that time. These citizens verbally expressed the opinion that the problem was obviously confined to the South Side of Chicago and localized between 12th and 67th Streets, between Wentworth Avenue and Lake Michigan. While these apparent boundary lined did exist at that time, the law enforcement officials knew that narcotic addicts are parasites and must constantly seek new sources of obtaining money to provide their tortured bodies with an ever-increasing amount of narcotics. These officials knew too, that the addict would not respect these imaginary geographical boundary lines, but would keep pushing farther and farther away from his home area in his quest for neighborhoods that had not been alerted or milked dry by pickpockets, burglars, robbers and car strippers, to name just a few of the types of crimes listed as being committed by addicts in Chicago. Figure 3 (page 38) confirms this early opinion for it points out that the narcotic problem in 1949 appeared to be confined within Police Districts 1 to 7, which envelop the geographical boundaries given above. Since that time, juvenile narcotic violators have been arrested in nineteen other Police Districts scattered throughout Chicago.

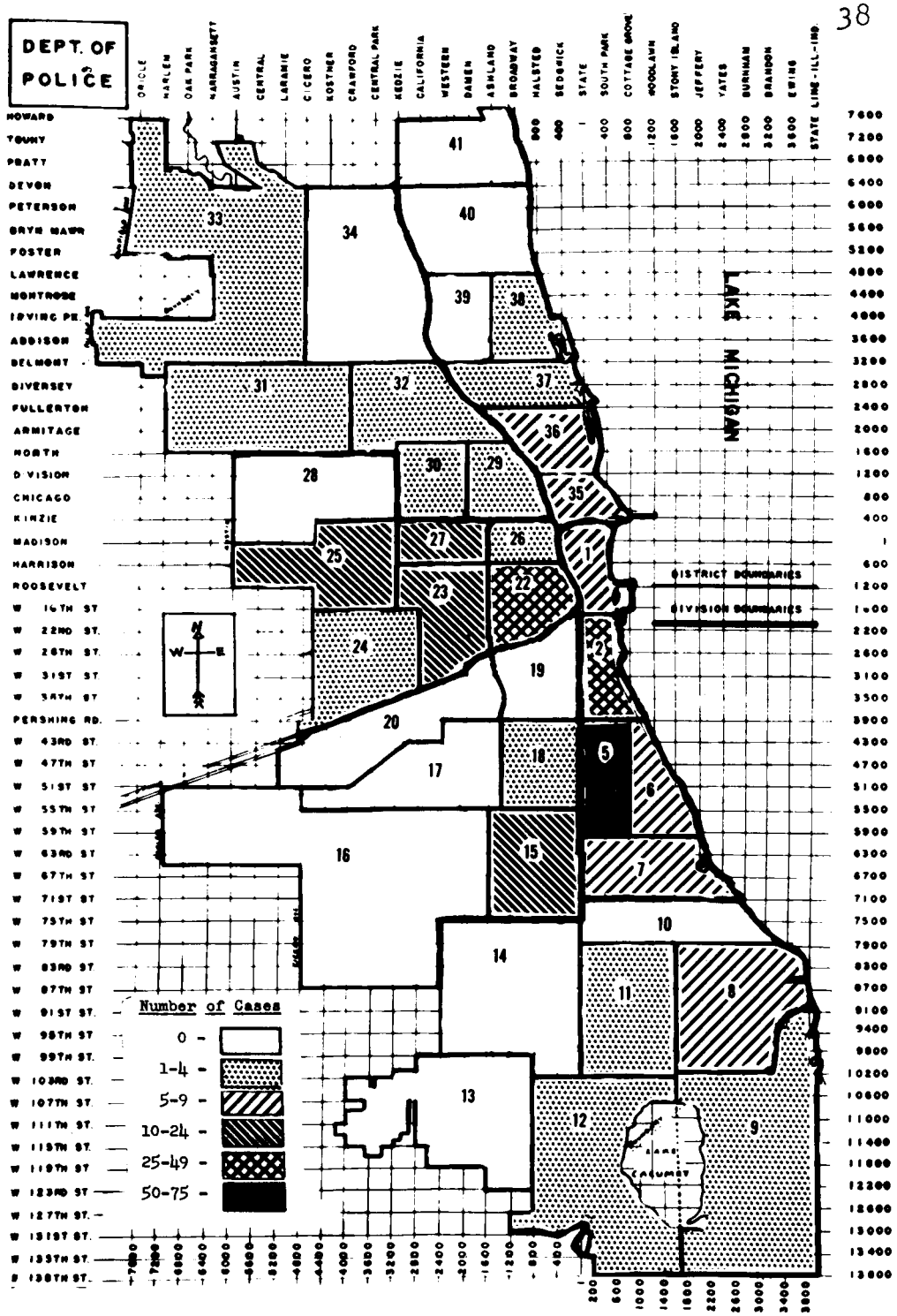

FIGURE 3

POLICE DISTRICTS IN WHICH JUVENILE NARCOTIC VIOLATORS WERE ARRESTED, CHICAGO, 1950-1953 (272 CASES)

Figure 4 (page 40) indicates that juvenile narcotic violations have occurred in many Police Districts other than those in which the violator resided, strengthening the contention of the law enforcement officials that these violators are no exception and do not confine their criminal activities to the Police District in which they live. It can be observed from both Figures 3 and 4 that Police Districts are geographical divisions of the city adopted by law enforcement agencies and are uniformly referred to as districts.

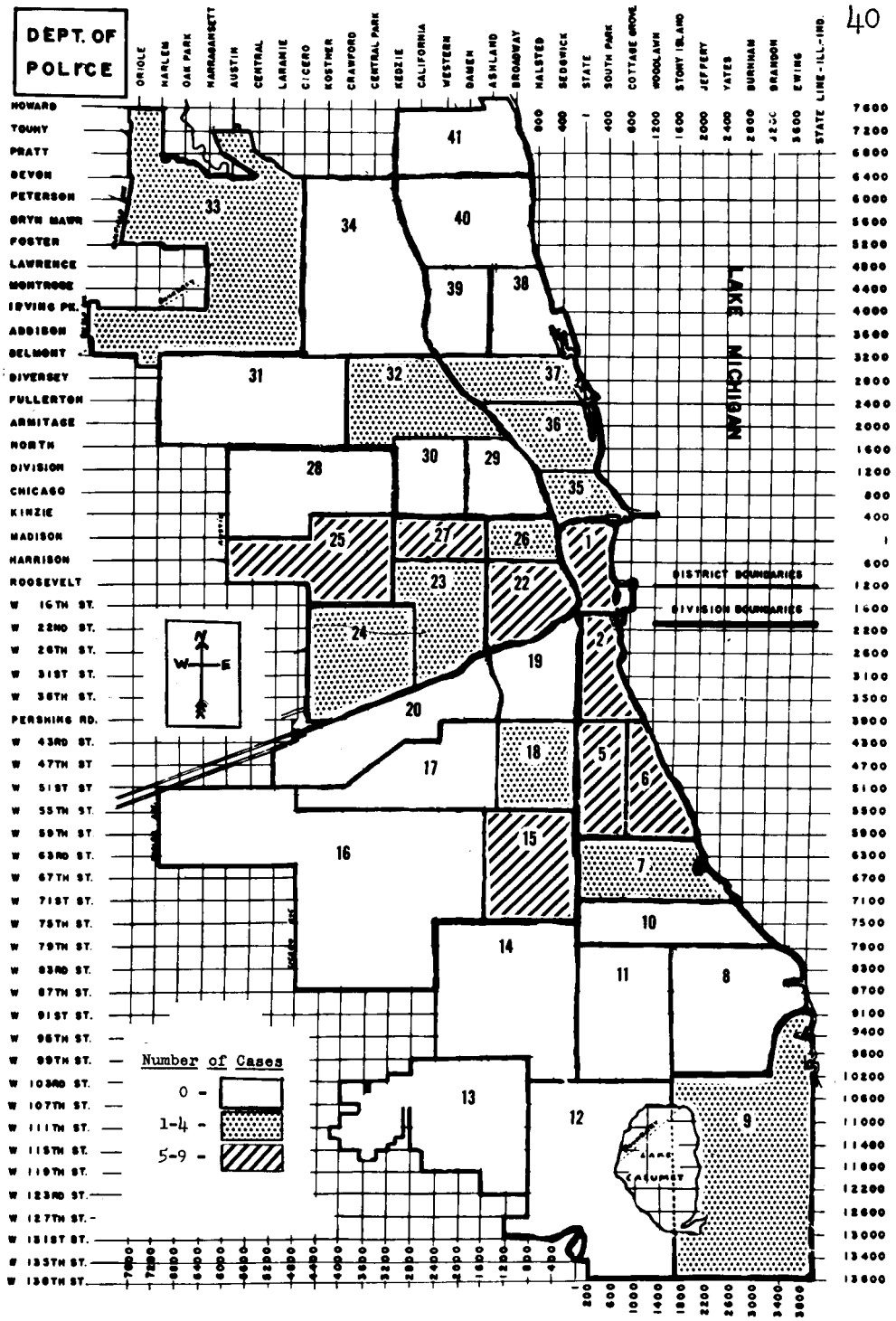

FIGURE 4

POLICE DISTRICTS IN WHICH JUVENILE NARCOTIC VIOLATIONS WERE BY NON-RESIDENTS, CHICAGO, 1950-1953 (88 CASES)

One would be misled, however, if one were to consider only the area where the juvenile violators were arrested as being dangerous areas and did not consider the area in which the violator grew up and became a prey for the unscrupulous narcotic peddler. A cross-check on the Police District findings is shown by a study of the Community Areas in which the violators lived at the time of their arrest. Figure 5 (page 43) is a map of the Community Areas of Chicago. It designates the number of juvenile narcotic violators who were residing in each Community Area. These Community Areas are geographical divisions of the city that were adopted by the Census Bureau in 1930. In general, they correspond to the old township boundaries into which Chicago was originally divided. These areas are distinct from the Police Districts whose boundaries do not necessarily coincide with those of the Community Areas. In general, the Community Areas represent larger segments of the city and are covered by two or even three Police Districts.

In referring to Figure 5, it will be observed that there is a heavy concentration of violators in just a few areas. This study revealed that there were 149 cases, or 57 per cent of the 261 cases studied, concentrated in four areas: Grand Boulevard, Area 38; Douglas Boulevard, Area 35; Near West Side, Area 28; and Washington Park, Area 40. Three of these, Area 38, Area 35 and Area 40, are undoubtedly the most highly congested and most in need of recreational facilities and social service agencies of all

types inasmuch as the residents of those areas have only the most limited facilities at their disposal. These same three areas are in a direct line with each other and in all of them the colored population is predominant. The 1950 Census figures indicate the following populations per Area and the colored population per Area; Area 38, total population, 114,557, of which 113,374 are colored; Area 35, total population, 78,745, of which 76,421 are colored; Area 40, 56,856, of which 56,178 are colored.

Geographically, Area 28 is separated from the above three Areas, but only by a few miles. While it has a larger population (160,362, of which 65,519 are colored) than the other three areas, the 1950 census figures indicate that it has a low of 34,000 persons per square mile as against 59,000 persons per square mile in Area 35, 69,000 in Area 38, and 63,000 persons per square mile in Area 40. Area 28 has a predominantly white population and the community services at the disposal of these residents appear to be better than in the other Areas mentioned.

The balance of 112 juvenile violators were distributed throughout 29 other Community Areas while 42 Areas listed no apprehended violators in residence. Three of the 112 violators were living in Chicago temporarily, having been runaways from other cities.

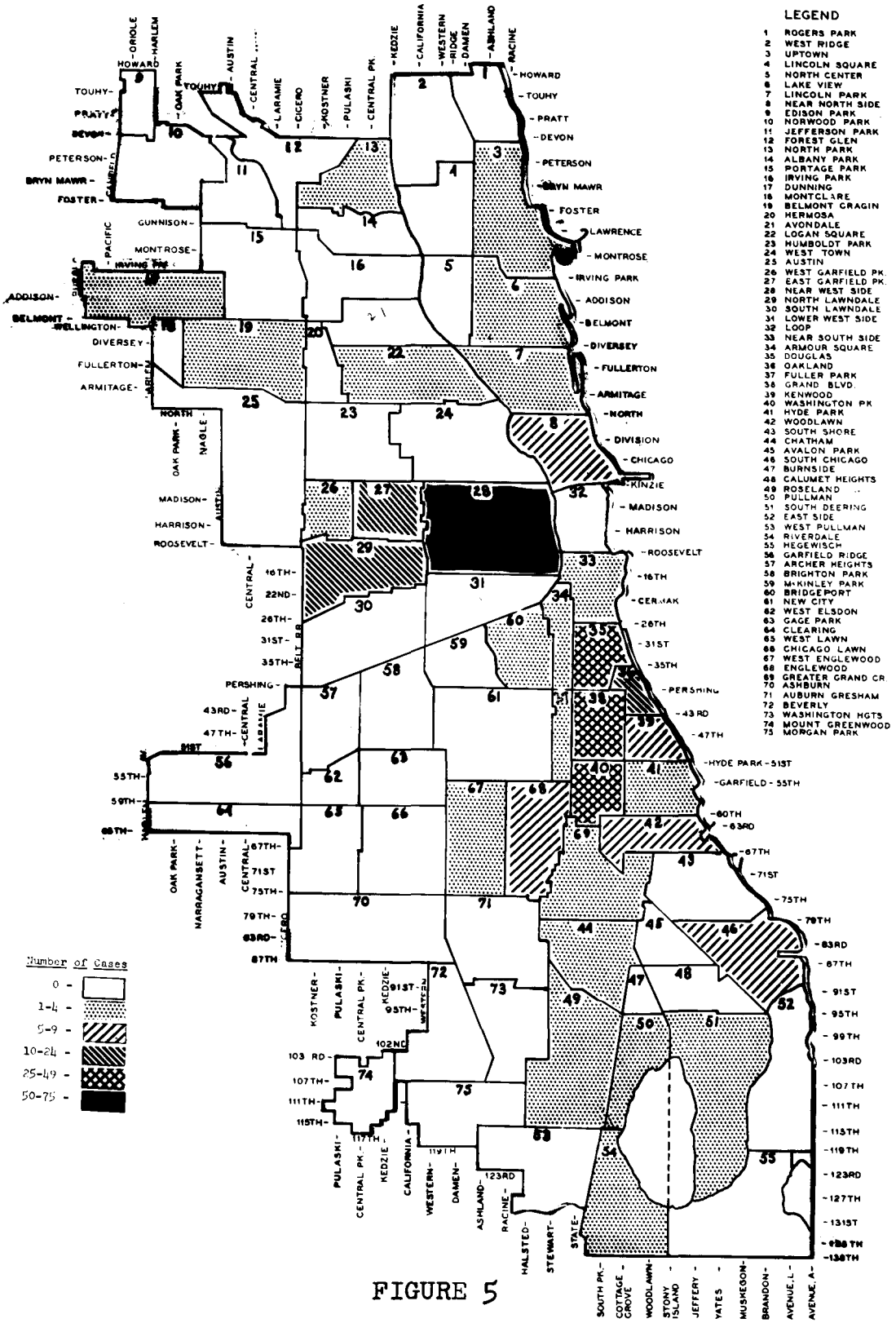

FIGURE 5

ARRESTED JUVENILE NARCOTIC VIOLATORS BY COMMUNITY AREA OF RESIDENCE, CHICAGO, 1950-1953 (261 CASES)

Earlier in this Chapter, the writer indicated in Figure 2 (page 35) the distribution of juvenile narcotic violators according to chronological age, at the time of their apprehension. In referring to Figure 2, it can be seen that the youngest violator arrested since January 1, 1950 was 12 years, 9 months and the oldest was 17 years, 10 months, while the average age of the narcotic violator at the time of his arrest was 16 years and 5 months. These figures should not be interpreted to mean that sixteen years of age is the average starting age of the juvenile in the use of narcotic drugs. An analysis of the 166 cases for 1951, 1952 and 1953 on this subject revealed that 120 juveniles admitted the use of narcotics prior to arrest. Forty-two of this group admitted addiction in excess of six months, which included 13 who admitted use of narcotics from one to three years prior to arrest. If the records of the 46 who denied addiction in this same period could be analyzed according to length of addiction, it is likely that a high percentage would show long periods of addiction prior to their arrest. This belief is based on the fact that while the 46 denied the use of narcotics, 7 had fresh needle marks from heroin injections; 17 were in possession of varying quantities of marijuana and 4 of heroin, while 3 had the addict's outfit of bent spoon, eye dropped and needle in their possession when arrested. Five of this same 46 were identified as users by friends already in custody and 4 as peddlers. Four cases included in the 46 were picked up with known addicts with long records of addiction.

Again, if information were available for an analysis to be made of the 1950 cases on this phase of the subject, it is believed that there would be a correspondingly high percentage of juveniles admitting long periods of addiction before apprehension. If an analysis then could be made of the starting age of addiction among the entire 261 cases that were studied, it is conceivable that there would be a high proportion of cases in the 14th and 15th year of age, instead of the concentration observed in Figure 2, i.e., between the 16th and 17th year. Assuming that these conclusions are basically sound, it would verify the opinion which the Crime Prevention Council, representing the heads of all of the law enforcement agencies in Chicago, expressed in 1949 at the beginning of their drive against the use of narcotics. They stated that one of the most effective ways to control juvenile narcotic addiction is through education, and they pressed the enforcement of the Illinois State Law found in Chapter 122, Section 27-10 of the Illinois Revised Statutes of 1949, which provided that the "nature of alcoholic drinks and other narcotics and their effects on the human system, shall be taught in connection with various divisions of physiology and hygiene, as thoroughly as are other branches, in all schools, under State Control or supported wholly or in part by public money."

This group of law enforcement officials believed also that this education should start before the child reaches high school age, which averages about thirteen and one half years in

Chicago, and preferably at the 7th grade level of the grade school.

When the non-compliance of the above mentioned law was called to the attention of the Board of Education in Chicago in 1949, Dr. Herold C. Hunt, then General Superintendent, promised immediate compliance with the State Law and referred the matter to the Division of Curriculum Development of that education system. Inasmuch as no acceptable textbooks were available on the subject, it was not until late in 1951 that approved resource material jointly prepared by the Division of Health and Physical Education and the Division of Curriculum Development of the Board of Education was made available to the secondary school teachers of Health and Physical education in the Public School System in Chicago.

To understand under what circumstances the juvenile violators were arrested during the years 1950 through 1953, it would be well to analyze the reason listed for the arrest of these young people. While law enforcement officers can't legally arrest adults, against whom addiction <u>per se</u> is the only charge, unless they are known drug addicts found loitering on the streets or in public places, they are not so hampered in picking up, for investigation at least, any juvenile who is believed to be delinquent. Since many of these juveniles commit delinquent acts apart from their addiction to narcotics, they are often picked up for the investigation of one of these acts, and it is not known until after their apprehension that they are narcotic violators.

In analyzing the 261 cases studied, it was noted in 115 cases or in 44 per cent of the total, the juvenile record simply lists pick-up for investigation as the reason for the arrest of the juvenile. This figure includes 56 who were found loitering on the street at questionable hours; 22 who were identified by friends in custody as users and 7 as peddlers; one identified as a burglar and one as a sex delinquent; 9 of these 115 were picked up as known users and 19 with known addicts. In the balance of 146 cases, it was noted that in 81 cases, the juvenile was apprehended while committing a violation of a city or state law. These 81 cases included 22 arrested for larceny; 26 arrested in a raid of a narcotic flat; 6 arrested for strong arm robbery; 4 for soliciting; 6 for burglary; 5 on robbery charges; 5 for shoplifting and 4 for prolonged truancy; one each was arrested for auto theft, pickpocketing and violation of probation. In 13 other cases, included in the 146, the juveniles were apprehended while in the act of taking narcotics and 3 while attempting to sell narcotics.

A prior knowledge of the juvenile's addiction was indicated in 49 other cases and the juvenile turned over to the police by relatives in 33 cases, by school authorities in 4 cases, by an anonymous telephone call in 2 cases, by a hotel clerk in 2 cases and by the Juvenile Court Judge in 2 cases. In three of these 49 cases, the juvenile violators were hospitalized because of an overdose of a drug and the medical authorities furnished the police with the identity of the users. It is discouraging to note

that in only 3 cases included in the 49 cases mentioned did the juvenile violator give himself up to the police authorities and request a cure for his addiction.

It should be kept in mind that, for the most part, the information for this study came from a review of the History Sheets made out by the Juvenile Police Officer at the time of the juvenile's arrest. These reports differ widely from the narcotic history sheets made out on adult narcotic violators in that only information pertinent at the time of the juvenile's arrest is usually requested and furnished by the officer on the Juvenile sheet. When an attempt was made to study what narcotic was being used by juveniles in Chicago, the writer noted that in 62 cases or 23.7 per cent of the total 261 cases, it was indicated that the juveniles had been using marijuana, or had it in their possession; in 185 cases or 70.8 per cent of the total, heroin, the derivative of opium was the drug indicated; 10 cases indicated using both marijuana and heroin; one case indicated using marijuana as well as a combination of heroin the cocaine, known as a <u>speedball</u> when the two are taken together; one other case indicated using this combination of heroin and cocaine, and two additional cases indicated the use of cocaine alone.

The above figures, however, could be easily misinterpreted to make it appear that the narcotic that is causing the most trouble among our juveniles is heroin because of the high percentage who indicated using that narcotic at the time of their

arrest. However, if the juvenile history sheets which are used for all juvenile offenders, including the narcotic violators, had required the Juvenile Officer to secure information as to the date of the first use of narcotics by the juveniles and the type used, as is required on the adult history sheet, it is likely that a very high percentage of the juvenile violators would have admitted that they had smoked marijuana cigarettes first, and having learned to depend on a drug for pleasure, had turned to a stronger drug, usually heroin, in an effort to get more pleasure. An estimate of 90 per cent for the first introduction to narcotics by way of marijuana was given the writer in October, 1952, by Judge Gibson E. Gorman, who had been assigned to the newly created Narcotic Court when it opened in April, 1951. While juvenile violators are not heard in this court, boys 17 and over and girls 18 and over are heard here. Judge Gorman stated that he had made the practice of asking each narcotic violator who appeared before him how he or she started to use narcotics and less than 10 per cent stated they had <u>not</u> used marijuana before turning to a stronger drug. Since the highest percentage of cases heard by Judge Gorman fell within the 17 to 26 age group, it can be assumed that the general pattern of addiction would be the same for the juveniles, particularly so since many appearing in the Narcotic Court had admitted beginning their use of narcotics while still juveniles.

This factor of the juvenile using marijuana first was

discussed by the writer with the Juvenile Officers assigned to the Police Districts having the greatest number of violators, and these Officers were unanimous in their opinion that less than 10 per cent of the juveniles questioned for narcotic violations had not used marijuana prior to their use of heroin, but had discontinued its use after beginning the use of heroin, so was not considered pertinent information to be recorded at the time of the arrest of the juvenile for the use of heroin.

A great deal has been written and discussed about the subject of whether the juvenile became an addict first and then violated city or state laws to support his addiction, or whether the pattern of delinquency had been formed first and the use of narcotics was the commission of one more delinquent act. It is not assumed that the juvenile arrested for a narcotic violation with no previous history of delinquency was arrested as a result of his first delinquent act for the law of averages would negate such a premise. While the factor of which came first, the use of narcotics or the pattern of delinquency, could not be studied, it might be of interest to note in passing, however, that in 160 cases -- 81 cases for 1951 and the 79 cases in 1952-1953 -- fifty-six juveniles were arrested for the first time while 104 juveniles had from 1 to 5 previous arrests for violations of city and state laws, including 24 who had arrests for prior narcotic violations. The 104 cases included prior arrests for larceny, 28 cases; burglary, 18 cases; strong arm robbery, 5 cases;

auto larceny, 9 cases and 2 cases of robbery.

Again, the figures for later arrests of both the first offenders and recidivists would not be too valid on the juvenile level, since the major proportion of these cases were sixteen-year-old males who became minors on their seventeenth birthday, and their records of later arrests were handled by the Narcotic Bureau of the Chicago Police Department along with other adult narcotic violators.

The disposition in all of the above cases does not reflect a fixed pattern of punishment. This happens because unlike a minor or an adult, a juvenile offender is not tried for his specific delinquent act; rather he is arraigned for incorrigibility or delinquency. However, he is arraigned as an individual and is processed at the local Police District Station by the Juvenile Police Officer and then referred to the Family Court of Cook County, since the Juvenile Officer does not have the permission of the Family Court to adjust narcotic violations at the District Police Station as he does with less serious violations. At the Family Court, the case might be adjusted there in the Complaint Department or held over for Family Court appearance of the violator and his parents. At the hearing in the Family Court he may be (1) released, (2) be given Special Supervision of the Court for varying periods of a month to a year or (3) be committed to the Illinois State Training School for Boys at St. Charles, Illinois. The girls being committed would be sent to the Illinois

State Training School for Girls at Geneva, Illinois.

In general, the seriousness of the offense is but one of several factors and not the sole norm for adjudicating. The violator's status as an individual, his mental capacity, his family and social background are all discreetly considered by the Family Court in formulating a plan most suitable and conformable for his rehabilitation and restoration to society. For this reason, the writer does not indicate the dispositions made in the 261 cases, believing that the multiple factors that must be considered in such dispositions could not be evaluated with statistics alone.

It is evident also that the writer has made no attempt to show the religious affiliation (usually nominal) of the narcotic violator, for these statistics would merely show that the vast majority had listed Protestant as their (or their parents') religious belief. This vagueness as to religious affiliation is not limited to just these narcotic violators but is the experience of the writer and other Juvenile Officers in questioning juvenile delinquents. It is believed that a conclusion could be drawn on this factor that would be basically sound: that it is the lack of genuine religious affiliation on the part of the young offender that has been a major contributing cause for his getting into difficulty. This need for religious affiliation to meet one of the basic needs of the growing child prompted the Chicago Police Department a number of years ago to include the advice,

"Don't send your child to Church, take him" as part of its instructions given by the Juvenile Police Officer to parents of juvenile offenders.

CHAPTER V

ACTION TAKEN BY CHICAGO AUTHORITIES TO CURTAIL SPREAD OF DRUG ADDICTION

Pioneers in the field of criminology have long held that the adult criminal doesn't begin his life of deviation from legal and moral codes as an adult but has begun to show a certain pattern of deviation long before, beginning possibly as a child in playing truant from school. Because this first ignoring of the law was not properly or sufficiently corrected, the potential delinquent continued in his method of deviation. He would often begin with petty pilfering to supply money and recreation during his self-created free time, graduating in the severity of offense depending upon the frequency of apprehension and method and degree of corrective measures attempted.

Leading sociologists and criminologists have also held that the prevention of this juvenile delinquency (which includes narcotic addiction) and subsequent, although not always inevitable adult criminality, is not and cannot be the sole responsibility of the local enforcement agency in the community. Such prevention, they wisely advise, is the result of the collective efforts of all the community agencies, including the home, the school, the

church, and all other agencies, both public and private, concerned with the health and welfare of the growing child. Unless these agencies are working together as a unit and working in very close cooperation with the local law enforcement group, these pioneers stress, little progress will be made in understanding and coping with the complexities that enter into the structuring of an integrated personality and wholesome character during the very impressionable and formative stages of life that begin with the infant - - not the child after he has committed his first delinquent act.

As E. J. Lukas has pointed out to us

> Except for the police, children's courts and reformatory institutions, public and private agencies are not organized primarily for the prevention of crime and delinquency. That function is considered to be an adjunct to or a by-product of their other related purposes. Direct services, designed mainly as crime preventives, are few; the indirect services are many."[11]

Many authorities in the field of criminology believed that the possibility of securing this cooperation among interested agencies would take years of planning and would be too remote for consideration of current crime problems, which included the development of juvenile delinquency. While this opinion was unfortunately a predominant one, it was not that of one leading

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11 Lukas, "Prevention of Crime", Encyclopedia of Criminology, page 333, cited in Sheldon and Eleanor Glueck, Delinquents in The Making, New York, 1951, page 193.

sociologist and criminologist, who, being a man of vision, abetted by theoretical and practical experience in dealing with the crime problem, attempted to secure the cooperation of interested agencies to deal with the crime problem in Chicago. The man, a priest, is the nationally known authority, the Reverand Ralph T. Gallagher, S.J., of Loyola University, Chicago.

Father Gallagher knew that the future criminal pattern of Chicago or of any community depended on what was done to curb crime at the first sign of its development, or more importantly, the prevention of the delinquent act or crime in the first place. In his zeal to secure this cooperation, since it did not seem to be forthcoming from any other source, Father Gallagher discussed with his friend, Mr. William Tuohy, then State's Attorney for Cook County, a very practical and attainable plan for organizing all of the law enforcement agencies in Chicago into a single unit whose primary function within this unit was the prevention of delinquency and subsequently the prevention of adult crime.

Unfortunately for Chicago, Mr. Tuohy was taken ill and his term of office was completed by an assistant whose vision did not seem to be as wide as that of both Mr. Tuohy and Father Gallagher. Fortunately for Chicago, however, the idea for a Crime Prevention Plan as formulated by Father Gallagher did not die completely. Present in Mr. Tuohy's office the day Father Gallagher outlined his plan, was another man who had been a crime reporter for many years and immediately saw the practicality and

workability of the plan. It was not until several years later, however, that the man, Mr. James Doherty, then a Chicago Tribune reporter, and cognizant of the rapidly increasing crime problem, particularly on the subject of narcotics, was successful in gathering together leaders in the professions, in civic and fraternal organizations, in politics, as well as elected officials, law enforcement agencies and union leaders. This meeting of leaders held at the Tavern Club on September 8th, 1949, produced great enthusiasm for the Crime Prevention Plan as conceived by Father Gallagher and resulted in the formation that night, of the first of three agencies concerned primarily with the prevention of crime in Chicago.

This agency named the Crime Prevention Council, consists of the top officials of city, county, state and federal agencies concerned with law enforcement, education and other phases of work in the field of crime prevention and control. As outlined in the original plan, in this agency, a central organization, the crime-fighting facilities and resources of all agencies are pooled and made available to all.

On September 12, 1949, the second agency came into existence and became known as the Crime Prevention Bureau, staffed with specially qualified personnel from the various agencies joined within the Council, whose sole purpose for existence is to carry out the directives and further the objectives of the Council.

In passing, the third agency might be mentioned here. Although it came into existence a few months after the first two, it has not functioned as intended. It is named Crime Prevention, Inc., a not-for-profit citizens' organization headed by prominent civic leaders, created to cooperate with and to promote cooperation by and between the public agencies joined within the Council and Bureau. While its objectives were basically sound, it functioned feebly for only a short time and was soon relegated to an inactive status by the pressure of other duties on its leaders.

The initial meeting of the Crime Prevention Council on September 18th, 1949, brought into focus one of the major crime problems confronting Chicago, which was the possession, sale and use of narcotic drugs. The transcript of the proceedings of that meeting reveal that Mr. John C. Prendergast, then Commissioner of Police, "admitted his concern over the increase in (1) the activity of peddlers and (2) the use of narcotics among young people, particularly teen-agers." These officials believed that the concern for this major problem could not be limited to the police officers and Federal investigators but should be shared by physicians, legislators, educators and other groups in the community.

In line with this reasoning, one of the first undertaking of this Crime Prevention Council was the sponsoring of a joint meeting between physicians and law enforcement officials, on October 19th, 1949, for the purpose of holding a joint discussion on narcotics, with a view to formulating some definite

plan of action in regard to the problem. It resulted in the formation of a Physician's Committee, headed by Dr. Andrew C. Ivy, then Vice-president in charge of Professional Schools, University of Illinois, and a sub-committee, for further research and planning. Dr. Ivy immediately began a study of the narcotic problem and shortly afterward presented, in the form of a monograph, the result of his survey, setting forth (a) the problem (b) what has been done about it and (c) recommendations for the future. Much of the activity and accomplishments in this field of endeavor have stemmed from the observations and recommendations given by Dr. Ivy's committee.

Organization of the doctors was followed early in 1950 by a similar organization among the legislators. Members of each of these groups, as well as some of the law enforcement officials, testified at the series of legislative meetings on narcotics that was held between February and December, 1950. In May of 1950, the Educators Committee, composed of representatives from local schools and colleges, both public and private, was organized. The formation of these committees led to joint meetings of physicians, educators, legislators and law enforcement officials and marked the beginning of a unified, concerted effort to bring the narcotic problem before the general public and in an organized way in order to secure public support in coping with it.

Several important developments came from this unified activity in the Fall of 1950 with the authorization by the

the Commissioner of Police of a reorganization of the existing Narcotic Bureau and the adoption of new procedures for processing all narcotic cases through a centralized Narcotic Bureau. These new procedures were patterned after ones already in use in the Sex Bureau and included the use of a history sheet which was to be filled out in detail by the arresting or investigating officers in the District Stations and returned immediately to the Bureau, a mandatory part of the processing of narcotic cases, to bring together certain factual data on the persons known to the Bureau. It was known that a compilation of such data would furnish information not only about the individuals, but about the communities in which they lived and whether provisions being set up for their protection and correction would be adequate.

Included in this reorganization of the Narcotic Bureau was the enlargement of the police narcotic detail in February, 1951, from a half dozen men to nearly fifty hand-picked detectives from various outlying stations who were trained and then assigned to run down the dope peddlers. These officers presented a united grouping of all of the police departments working through one leader, the top official of the Narcotic Bureau, who was Sgt. John Mangan at that time, and whose death brought a replacement with the present head, Lieutenant Joseph Healy, an outstanding police official.

Another development in the Fall of 1950 was the designation by the Chief Justice of the Municipal Court of a

centralized court for hearing only narcotic cases, a pioneer movement in the country. This centralized court was first designated as Branch 40 of the Municipal Court. All cases involving the use, possession or sale of narcotics were made returnable to this Court, with the exception of the jury cases and the cases involving boys 17 to 21 years of age which continued to be returnable to Branch 42 of the Municipal Court. It soon became apparent, however, because of the volume of cases of the need for a specialized court to handle all narcotic cases. It was not until March of 1951, however, that this specialized court became a reality when the Chief Justice established a special order, "a special branch of this (the Municipal) Court . . . to be known and designated as Branch 57, the Narcotic Court." A presiding judge was selected who was thoroughly familiar with the narcotic problem and who would aid the crime prevention agencies in their narcotic program. Special prosecutors were also assigned to this court in which all narcotic cases were to be tried "whether the defendant is a minor boy or girl or an adult male or female." The establishment of the specialized and centralized court to handle all criminal and quasi-criminal cases wherein defendants are charged with the manufacture, sale, possession or use of narcotics in the City of Chicago, was the first Court of its kind to be established in the United States.

In June of 1951, the Crime Prevention Council realized that although the legislators were working at both federal and

state levels on the adoption of more severe penalties for violations of the Narcotic Act, Chicago would have to attack the problem through certain revisions of the City Code. This recommendation was carried out when the Disorderly Conduct charge was amended, also in June, 1951, to permit the arrest of known drug addicts found loitering on the street or in public places. This is the only charge law enforcement officers can place against persons apprehended solely because of their addiction. Chicago again was the first city in the country to have such a provision in its City Code.

The educational program of the Crime Prevention Council included the alerting of truant officers, counselors, teachers of mental hygiene as well as the students and their parents, and other civic and community groups, as to the dangers of drug addiction. Over five hundred talks were given by Crime Prevention Bureau personnel to the above groups during each of the years of 1950, 1951 and 1952; and only in late 1953 did such talks drop below this average. The writer, a staff member of the Crime Prevention Bureau during this period, took an active part in the educational program.

At the suggestion of Mr. George Donoghue, Superintendent of the Chicago Park System, playground personnel, beach attendants and other public employees coming in contact with Chicago's young people during the school vacation periods were instructed in means of detection of narcotic peddlers and users.

The legislative activity of the Crime Prevention committees showed encouraging progress when on May 2, 1951, a bill incorporating the committees' request for stiffer penalties was passed with an emergency clause and signed by the Governor of Illinois, which made it possible for judges to make use of the new legislation immediately instead of waiting until two months later when it would normally have become effective. This new amendment of House Bill #544 changed the state law from a misdemeanor to a felony and provided a penalty of not less than one nor more than five years imprisonment for the first offense of illegally selling, prescribing, administering or dispensing any narcotic drug; two years to life for a subsequent offense and provides a sentence of from two years to life for a peddler illegally selling, prescribing, administering or dispensing any narcotic drug to any person under twenty-one years of age.

It is believed that the passing of this law has been one of the major contributing factors in the reduction of the use of narcotics by young people. In Figure 6 (page 64) it will be noted that during 1950, indicated by the solid line, the number of violators handled monthly was less than five in only three of the twelve months. It becomes apparent that since October, 1951, indicated by the broken line, and glancing at Figure 7, the years 1952-1953, the number of juvenile violators handled has been consistently below an average of five cases handled each month. This decline was noted by the writer at its beginning downward trend

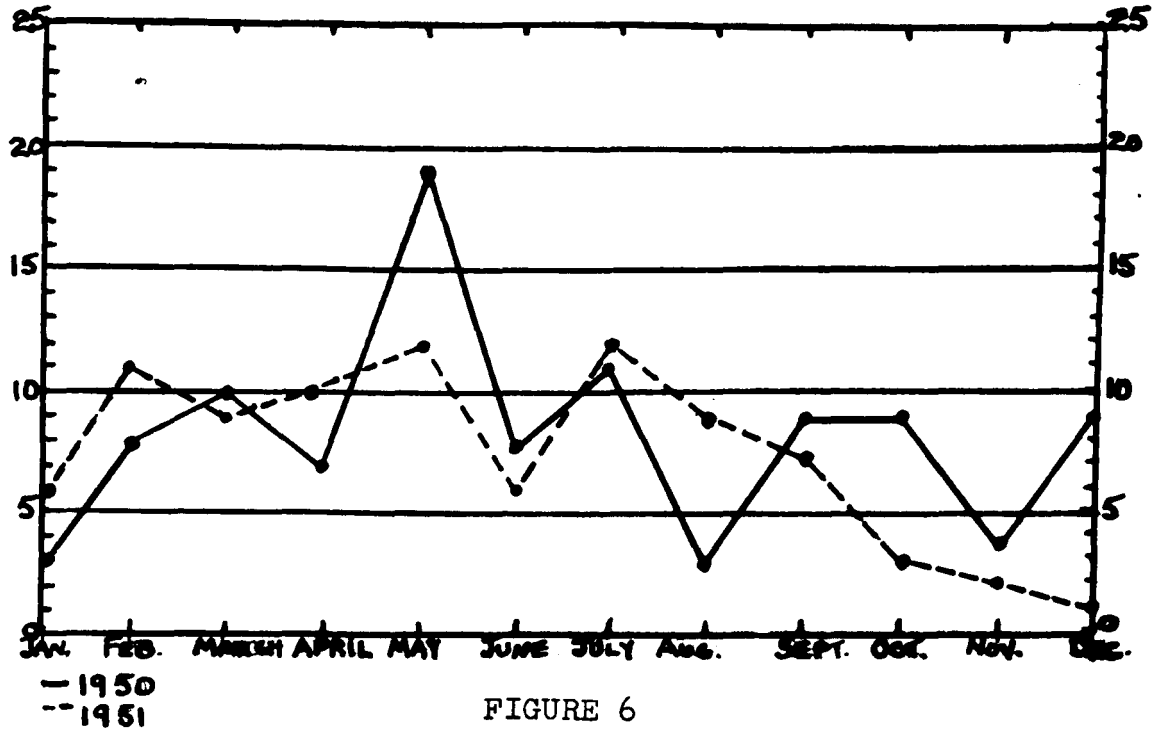

FIGURE 6

ARRESTS OF JUVENILE NARCOTIC VIOLATORS IN CHICAGO
BY MONTHS, 1950-1951 (193 CASES)

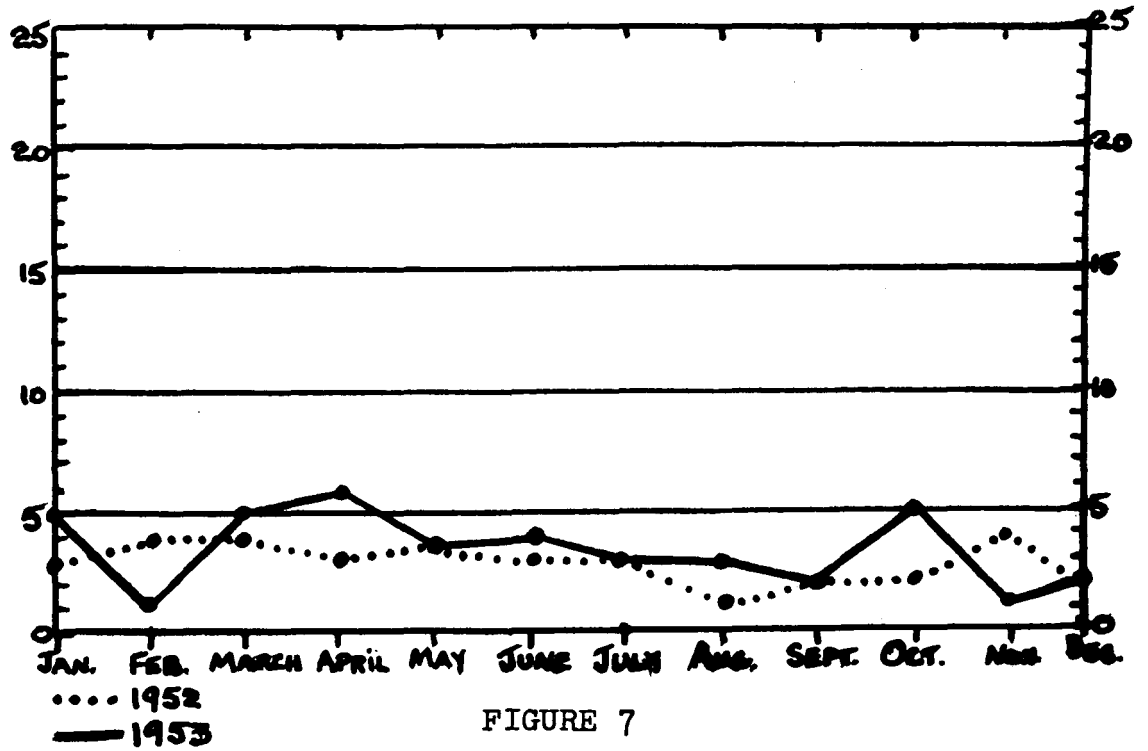

FIGURE 7

ARRESTS OF JUVENILE NARCOTIC VIOLATORS IN CHICAGO
BY MONTHS, 1952-1953 (79 CASES)

and early in the Fall of 1952, after a number of peddlers had been sentenced under the new state law, she began an investigation. Captain Robert Ryan, then Director of the Juvenile Bureau of the Chicago Police Department, expressed the opinion to this writer that the new state law was acting as a definite deterrent in the sale of narcotics to juveniles as well as to minors. The investigations of his Juvenile Officers in the districts affected had revealed that the narcotic peddlers were being more selective in selling their illegal wares and were demanding birth certificates for assurance in not selling to a minor, in much the same way that Chicago tavern owners have been demanding proof of age to prevent selling liquor to underage persons.

It is believed that Table III (page 66) bears out this belief that the new state law is acting as a deterrent for the sale of narcotics to persons under twenty-one years of age, for it shows a decline in arrests of minors for 1952 and 1953 as compared with 1951 when the law went into effect.

TABLE III

COMPARISON OF ARRESTS OF MINORS AND ADULT NARCOTIC VIOLATORS, CHICAGO, 1952 and 1953 AS COMPARED WITH 1951

Ages	1951	1952	Comparison with 1951	1953	Comparison with 1951
17-20 Minors	1667	1338	19.7 per cent DECREASE	1283	23 per cent DECREASE
21-25	2673	3136	25 per cent Increase	3532	47 per cent Increase
26-30	1127	1631		2060	
31-35	491	631	28.5 per cent Increase	667	35.8 per cent Increase
36-40	343	324	10.7 per cent DECREASE	358	8 per cent DECREASE
41-45	167	159		169	
46-50	118	111		90	
51 and Over	156	106		108	

The Crime Prevention Council was not satisfied with new legislation to help their program on just the city and state levels, however, but knew that more severe penalties on the national level would be needed since the narcotics are imported to the United States and not native to it. Through their cooperative efforts, they welcomed the newly enacted federal legislation in October, 1951, which strengthened the penalties against narcotic peddlers in fixing the minimum and maximum prison terms of two to five years for the first offense of receiving, concealing, buying, selling, or in any manner facilitating the

transportation, concealment or sale of any narcotic drug after being brought into the United States; five to ten years for the second offense, and ten to twenty years for the third and subsequent offenses. Prior to this enactment, the average sentence of persons convicted of such violations by the federal authorities was twenty-three months with probation regulations cutting it down to an average of only one year or less served in prison.

Chicago, not content with merely isolating or punishing the addict, saw the need for some type of treatment program which would attempt to rehabilitate these young people who had already become victims of the drug, and to investigate methods of preventive mental hygiene which would halt the further spread of addiction among the young population of the city.

Under the guidance and leadership of such organizations as the Crime Prevention Council, the Cook County Physicians Association, the Chicago Medical Association and others, a program was presented to the Illinois General Assembly during the 1951 sessions, and after considerable study the legislature passed an Act, House Bill No. 1257, authorizing the establishment of three outpatient medical counseling clinics for the city of Chicago, for the treatment and rehabilitation of young narcotic addicts, including juveniles. After some delay, two clinics were opened on November 30th, 1951, one at Provident Hospital and one at the University of Illinois College of Medicine. The third clinic was opened November 15th, 1952, at the Northwestern Medical School.

These clinics are concerned with the treatment and rehabilitation of patients with a history of addiction, but who are not presently physically dependent on drugs. When the clinics were first planned, it was not intended that active addicts would be treated there but the experience of these clinics showed that a large number of persons who voluntarily came to the clinics were actively addicted and in need of help. It thus developed that one of the functions of the clinic came to be counseling and casework with these patients in order to prepare them to accept hospitalization for the initial step in treatment and to arrange for their referral to a proper hospital facility, such as that at U. S. Public Health Service Hospital at Lexington, Kentucky. Planning for a program of follow-up and continued rehabilitation, upon discharge from the hospital, is also a part of the services provided by the clinics for these patients.

On March 18th, 1954, Dr. Leonidas H. Berry, coordinator of the clinic activities, reported in a press conference that the findings in the first two years of operation of these narcotic treatment centers in Chicago that the narcotic addiction problem is not a hopeless one from the standpoint of treatment and prevention. He further added that the value of the clinics lies in its being (1) a center around which to mobolize community resources, (2) a center for follow-up care and (3) a laboratory to better understand and cope with the problem. The success achieved by using the technique of psychiatry and medicine by the

clinics has undoubtedly been one of the contributing factors which has resulted in some reduction in narcotic addiction in Chicago.

One other new Illinois Law suggested by the Crime Prevention Council members was introduced into the State legislature in the Spring of 1953, was passed and became effective on June 16th, 1953. It is an act which requires a drug addict to register with the Department of Registration and Education of the State of Illinois and to carry an identification card indicating such registration on their person at all times. The new law provides a penalty of six months to a year in jail for those who fail to register as addicts, and a fine of from one dollar to one-hundred dollars or imprisonment for not more than one year, or both, for a drugaddict who fails to carry his registration card as provided by the Act. It is believed that such registration will give the authorities information needed to suppress the narcotic traffic and will also enable police to determine which areas are the hottest spots for peddlers.

It has long been the opinion of the Crime Prevention Council members that Chicago realized its problem and started doing something about it before officials in some other cities became aware of the growth of the narcotic traffic and took action. The program just described has materially reduced the problem.

CHAPTER VI

CONCLUSION

An evaluation of the findings of this study as to the extent of the use of narcotics by juveniles in Chicago would have to take into consideration that the study was limited to juveniles apprehended by law enforcement agencies for violations of a city or state law. Because the main source of information came from the history sheets filled out by the Juvenile Police Officer at the time of the juveniles' arrest, the legal rather than the social or medical aspects of the offenses are emphasized, both in the information secured and in the preventive and corrective measures adopted for dealing with these offenders.

We have seen in the discussion in the previous chapters that the narcotic addict, whether he be juvenile, minor or adult, cannot be permitted to continue in his addiction to spread the disease but must be sought out, particularly on the juvenile level, and encouraged to use the available resources for treatment of the medical and social implications of narcotic addiction. For the police to arrest and incarcerate all addicts and keep them incarcerated would be impractical inasmuch as adequate facilities are not available for their rehabilitation. It has been pointed out

that the only hospital with adequate therapeutic facilities to handle drug addiction is the U. S. Public Health Hospital at Lexington, Kentucky, and committment there must be on a voluntary basis. It must also be stressed that the rate of recidivism even at this institution has been high and a definite cure not obtained by every patient who volunteers for treatment there. The relapse rate at this institution for the period of May 1st, 1935 to January 1st, 1949, during which time 11,011 addicts were admitted is 39.6 per cent. While the intensification of research in this field has promised new improvement in the results of treatment of addiction, it does not focus on the vital issue of the cause of the addiction in the first place.

It has been suggested that the legalization of narcotics would permit addicts to secure their necessary supply of the drugs and thus abolish criminal acts by addicts to provide themselves with money to buy the narcotics. In light of drug addiction starting with the voluntary acceptance of the drug and resulting in a parasitical condition which makes drug addicts the most unproductive, useless members of society, such legalization would be for an abnormal behavior which has no basis in moral law. Experience has shown throughout history that the only legal principles which have survived are those based on sound moral and ethical principles.

While it is believed that adequate facilities should be provided for existing addicts, it is believed that the main

emphasis of any program would have to be on the prevention of addiction, which requires the same treatment as does the prevention of any contagious disease or even of juvenile delinquency itself. Two approaches to such prevention would embody (1) mental health programs administered by qualified health authorities having as their first objective the development of people so emotionally sound and well integrated that they will have no need for the pleasure or escape provided by drugs, and (2) legislation which would prevent narcotic drugs from being readily available to addicts or individuals with personality traits which predispose to addiction.

In view of the first approach to the prevention of addiction, we must never lose sight of viewing the child as a product of his total environment, which would include the home, the school and the community. It is unquestionably the responsibility of parents to set up standards for their children so that the difference between desirable and undesirable behavior is learned in the home. This responsibility ought not be shunted to the school or another agency. From a long range point of view, only an intensive program in mental hygiene which would include the prerequisites for happy family life will produce potential parents who do not have character-damaging influences which could be passed on to their children.

With reference to drug addiction, the child should be taught that drug addiction will prevent anyone ever addicted from

becoming a member of any of the branches of the armed forces. It should be stressed that many jobs are forever closed to the known addict since he may never be a member of any profession, may never take a civil service examination for any city, county or federal position in the country. Narcotic addiction leads to the mental, moral and physical destruction of the individual--and this should be interpreted to the child. Even were he in one of the above mentioned jobs before he became an addict, he would probably fail seriously in them after addiction. The child's education should also stress that one of the most priceless aspects of the rationality that distinguishes man from the animal, his freedom of the will, is gone during the period of his addiction to drugs.

There is no single plan for solving the narcotic problem, whether it be among juveniles or adults, for its aspects are so complex that a many-sided program must be devised to cope with it. This program must be continuous and include flexible provisions taking into account the educational, social, religious, legal, medical, economic and geographical factors in the cause of drug addiction among adults as well as juveniles.

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APPENDIX I

HISTORY SHEET FILLED OUT ON ALL JUVENILE OFFENDERS

JUVENILE HISTORY

ENTERED.....

See File

Prepare in Triplicate.
Forward two copies to Juvenile Intake Dept.
Forward one copy to Juvenile Bureau Headquarters.
Typewrite if possible.

Date of this report.....19.....

Boy ☐ Girl ☐ (Check One) JUVENILE COURT RECORD No.....

Name of Child..... (Surname / Given Name / Initials / Typewrite or Print)

Also known as..... (Include Nicknames)

Age.....years. Birth Date..... (Month / Day / Year) Color .....

Living at..... (Address) Floor.....Phone .....

Living with..... Relationship.....

Father's Name..... (Whether Living or Dead) Father's Place of Birth.....

Father's Address..... Floor.....Phone .....

Mother's Name..... (Whether Living or Dead) Mother's Place of Birth.....

Mother's Address..... Floor.....Phone .....

Legal Guardian..... Agency.....

Address..... Floor.....Phone .....

School and Grade, or Employer..... Child's Religion.....

Home Supervision: Good ☐ Fair ☐ Poor ☐ Nationality.....

If detained, give reason..... (Homeless, Neglected, Material Witness, Etc.)

..... (If an offense is charged, state the specific charge)

ADULTS ARRESTED

Name	Address	Age	Home Phone	Business Phone

Is Child needed as Witness?..... When and Where?.....

Has Stop-Order File been Checked?..... Wanted or not?..... (If yes, by whom)

If detained, who has been notified?..... (Name) (Address)

Date and Time..... A.M. P.M. By Whom?.....

If arrested, where?..... By Whom?.....Dist. or Bureau.....

Time and Date of Arrest..... A.M. P.M. .....19.....

Juvenile Officer.....Reporting Officer.....Dist. or Bureau.....

Received at Intake..... A.M. P.M. Has petition been filed?.....

Transferred to Detention Home..... When?..... A.M. P.M.

Transfer authorized by.....

Plan of Action.....Probable length of detention.....

REVERSE SIDE OF JUVENILE HISTORY SHEET APPEARING IN APPENDIX I

STATEMENT OF CASE

(This statement must include full details as to time, date and location, or approximate location, of each offense, identity of all complainants and other witnesses, description and value of property stolen or damaged, recoveries if any, who actually used a weapon, where weapon was obtained, an account of any use of drugs, and any other available information which may assist in determining the course of action to be taken following referral).

COMPLAINANTS

Name	Address	Home Phone	Business Phone

WITNESSES

Name	Address	Home Phone	Business Phone

Remarks:

Form J. B. 2469

PRINT OR TYPE

CHICAGO POLICE DEPARTMENT
NARCOTIC OFFENDER'S HISTORY SHEET

S. C. No._____ Offense Report No._____ Narcotics Bur. No._____

Offender Lives in District No._____ Male ☐ Female ☐

Offense occurred in Dist._____ Offense cleared up by Bur. or Dist._____

Offender's Surname | Given Name | Initial | Address Given when arrested

Aliases or Nicknames | Offender's correct address

Nativity_____ Occupation_____ Married_____

No. of Children Single_____

Present Age | Date of Birth | Place of Birth

Education

How long residing at correct address?_____

With whom residing at correct address. Give full name and relationship, if any_____

Names and addresses of immediate family, relatives, or close friends_____

If offender owns automobile, give full description, license number, and where car is kept_____

Place of employment and how long employed_____

Extent Income | Source Income

Social Security Number, and where employed when same was issued:_____

Place of arrest | Date and time of arrest

Complainant's Name | Address | Telephone Number

Synopsis showing what Offender actually did, or what he is actually accused of doing:_____

With whom arrested?

INVENTORY AND SEND ALLEGED NARCOTICS TO THE CRIME LABORATORY AS SOON AS POSSIBLE

Arresting and Investigating Officers Full Names and Star Nos. | Dists. or Bureau

Form DBN 200 20M 2571 [redacted]53

REVERSE SIDE OF ADULT HISTORY SHEET APPEARING IN APPENDIX III

This History sheet shall be used in cases of SUSPECT as well as KNOWN Narcotic Offenders. In Narcotic Offenses where an arrest is made, this History Sheet should be attached to the arrest slip and accompany the prisoner to the Detective Bureau Lockup.

★ INFORMATION IN THIS SPACE TO BE FILLED IN BY ARRESTING OFFICERS

ADDICT | MEDICAL ☐ NON-MEDICAL ☐ | DATE FIRST USE NARCOTICS | DATE FIRST NARCOTICS ARREST

TYPE NARCOTICS: HEROIN ☐ COCAINE ☐ MARIJUANA ☐ MORPHINE ☐ OPIUM ☐ OTHER

REASON FOR ADDICTION RELATIONSHIP—ADDICTION & CAREER

AVAILABILITY OF DRUGS AMOUNT USING NOW COST

SUFFICIENT TO KEEP HABIT YES ☐ NO ☐ PREVIOUS AMOUNT COST

IS SUPPLY STEADY YES ☐ NO ☐ PRESENT SOURCE OF SUPPLY

FIRST NON-NARCOTIC ARREST: DATE CHARGE DISPOSITION

CRIMINAL SPECIALTY: ROBBER ☐ PICKPOCKET ☐ CON-GAME ☐ OTHER SPECIFY
BURGLAR ☐ SHOPLIFTER ☐ AUTO THIEF ☐

LOCAL HANGOUTS

ADDICT ASSOCIATES AND THEIR SOURCES

ATTEMPTED CURES: VOLUNTARY ☐ INVOLUNTARY ☐ DATE PLACE

SELLER ALIASES OR NICKNAMES

LOCALES FREQUENTED

CRIMINAL ASSOCIATES

PRESENT MODIS OPERANDI | ALSO ADDICT: YES ☐ NO ☐

DESCRIBE AUTO USED LICENSE No. | NAR. BUR. No.

★ BUREAU OF IDENTIFICATION WILL FILL IN THIS INFORMATION

White Height Slender

Age Build: Medium Complexion

Colored Weight Stout

Color of Eyes Color of Hair Nose Chin Lips

Forehead Teeth Deformities Tattoo

Marks or Scars

of I. No. Group Photo No.

Aliases or Nicknames in full

Received From: Delivered To:

Court Branch Date Charges